P23000029349

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Carried Line)					
(Document Number)					
Certified Copies Certificates of Status					
Consideration of Figure Officer					
Special Instructions to Filing Officer:					

Office Use Only



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£5



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : >

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : April 12, 2023

ORDER TIME : 9:24 AM

ORDER NO. : 670967-005

CUSTOMER NO: 7631254

DOMESTIC FILING

NAME: 5203 ADVISORY SERVICES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: 52	03 Advisory Services, Inc. (PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the a	rticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status DPY REQUIRED
FROM: _	Andrew Stone	ne (Printed or typed)	
_	5203 Fisher Island Drive Address		
	Miami, FL 33109	. State & Zip	
	917-861-0001		
	•	Telephone number	
	· · · · · · · · · · · · · · · · · · ·	ed for future annual report r	notification)
	astone@petracap.com E-mail address: (to be use	ed for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corporation shall be: 5203 Adv	visory services, inc.
Principal street address	
203 Fisher Island Drive	
nam, 1 E 33107	
ICLE III PURPOSE	
purpose for which the corporation is organi	zed is: to provide consulting services.
TICLE IV CHADEC	
TICLE IV SHARES number of shares of stock is: 100	
TICLE V INITIAL OFFICERS AND/OF	R DIRECTORS
Name and Title:	Name and Title:
Address	Address:
	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	
	Name and Title:Address:
	Name and Title:
	Name and Title: Address:

Name and	Title:	Name and Title:	
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	Andrew Stone		
Address:	5203 Fisher Island Drive		
	Miami, FL 33109		
ARTICLE VII - I	NCORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	Andrew Stone		
Address:	5203 Fisher Island Drive		
	Miami, FL 33109		
filing.) Note: If the date in	te is listed, the date must be specific and ex- nserted in this block does not meet the applic ective date on the Department of State's reco	able statutory filing requirements.	
	d as registered agent to accept service of proce niliar with and accept the appointment as reg Required Signature Registered Agent		
document to the De	ment and uffirm that the facts stated herein partment of State constitutes a third degree f	etony as provided for in s.817.155.	F.S. 4/12/23
Required Signature	/incorporator	Date	
			2023
			2023 Ac A
			<u></u>
			AM 10: 30
			30